

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE | | |
|--|----------|------|------------------------|------|------------------------|------|--------------|-------------|------|------|
| | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | | * | |
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| TOTAL | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| TOTAL | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| TOTAL | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| TOTAL | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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